## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

indicated unless correct maintenance fee notifica	ed below or directed oth	erwise in Block 1, by (	a) specifying a new co	rresp	ondence address;	and/or	(b) indicating a separ	ate "FEE ADDRESS" for	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)					Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.				
WORKMAN I 60 EAST SOUT 1000 EAGLE G	H TEMPLE ATE TOWER	/2008	I S a	here States iddre ransr	Cer by certify that the s Postal Service we ssed to the Mail mitted to the USP	tificate is Fec(s vith suf Stop FO (57	of Mailing or Transm ) Transmittal is being ficient postage for first ISSUE FEE address 1) 273-2885, on the da	nission deposited with the United class mail in an envelope above, or being facsimile te indicated below.	
SALT LAKE C	ITY, UT 84111							(Depositor's name)	
								(Signature)	
								(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVENT	OR		АТТО	RNEY DOCKET NO.	CONFIRMATION NO.	
10/540,789 TITLE OF INVENTION	04/14/2006 I: ARRAYED WAVEGU	IIDE GRATING TYPE C	Tsutomu Kitoh DPTICAL MULTIPLEX	ŒR/	DEMULTIPLEX	ER CIF	14321.79 RCUIT	2077	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DU	Æ	PREV. PAID ISSU	E FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1440	\$300		\$0		\$1740	06/11/2008	
EXAMINER		ART UNIT	CLASS-SUBCLASS	<u>s</u>					
WONG, ERIC K		2883	385-043000						
"Fee Address" ind PTO/SB/47; Rev 03-(Number is required.  3. ASSIGNEE NAME A PLEASE NOTE: Un recordation as set fort (A) NAME OF ASSIGNET Electro	ND RESIDENCE DATA less an assignee is ident h in 37 CFR 3.11. Comp GNEE nics Copporat	'Indication form ed. Use of a Customer A TO BE PRINTED ON ified below, no assignee eletion of this form is NO	data will appear on the T a substitute for filing (B) RESIDENCE: (Cl Toyko, Jap	ngle or ag attorr be p type e pat an as ITY a	firm (having as a gent) and the nameys or agents. If rinted.	es of up no nam ee is id	p to e is 3	cument has been filed for	
	~					orporati	on or other private gro	ip entity Government	
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a. Applicant claim	tus (from status indicated is SMALL ENTITY stated d Publication Fee (if requested of the United States)	s. See 37 CFR 1,27.	d from anyone other tha				FITY status. See 37 CF	R 1.27(g)(2). e assignee or other party in	
Authorized Signature	0 11 0	Woodbu	ry		Date 6/10 Registration N		55,743		
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